No. 2
-1/47
5-17-39

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED DEC 15 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 40242

Registration District No. 318 | Primary Registration District No. 1003 | Registrar's No. 11062

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution St. Louis City Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 3449 South 2nd Street. 9
(If rural, give location) 24 0
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Ella Sutt
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife George Sutt
6. (c) Age of husband or wife if alive 52 years
7. Birth date of deceased November (Month) 10 (Day) 1884 (Year)
8. AGE: Years 63 Months 0 Days 24 If less than one day hr. min.
9. Birthplace Egypt (City, town, or county) Missouri 0 (State or foreign country)
10. Usual occupation Housewife
11. Industry or business At Home
FATHER 12. Name Joshua Wilson
13. Birthplace Unknown (City, town, or county) Unknown 9 (State or foreign country)
MOTHER 14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) Unknown 9 (State or foreign country)
16. (a) Informant George Sutt
(b) Address 3449 South 2nd Street.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/4/47 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cemetery
18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.
19. (a) 12-2-47 (Date received local registrar) (b) J. F. Bierbek (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month December day 1st year 1947 hour 8 minute 50 P.M.
21. I hereby certify that I attended the deceased from July 1 1947 to Nov 28 1947; that I last saw her alive on Nov 16 1947; and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of stomach metastasis to Liver — Duration over 3 months
Due to
Due to
Other conditions Mitral Regurgitation
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place) 0
While at work? (e) Means of injury
23. Signature Leroy E. Ellison (M. D. or other) M.D.
Address 3610 So. Broadway St. Louis Missouri Date signed 12-5-47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed J. Allen Davis Jr

Licensed Embalmer No. 4053

P. O. Address St Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.